

**DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63)**

Attorney Docket No.: 2202.003

Inventor Name: Crockford

COMPLETE IF KNOWN

X Decl. Sub. w/Initial Filing ___ Decl. Sub. after Initial Filing (surcharge (37 CFR 1.15 (e)))

Application No: /
Filing Date:
Group Art Unit:
Examiner Name:

As a below named inventor, I hereby declare that:

My residence, post office addr., and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLEXIBLE MEMBRANE ENCAPSULATED STRAIN MEASUREMENT AND METHOD OF MANUFACTURE

the specification which ___ is attached hereto OR ___ was filed on ___ As United States Application No. or PCT Intl. Appln. No. ___ and was amended on ___ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN NUMBERS:	COUNTRY:	FOREIGN FILING DATE:	PRIORITY	CERTIFIED COPY	
			NOT CLAIMED:	Yes	No
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___

Additional foreign appln. nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(s): _____ **FILING DATE:** _____

___ Addnl. provisional appln. Nos. are listed on a Supplementary priority data Sheet PTO/SB/02B attached.

